

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1st AMENDMENT

AFTER
2nd AMENDMENT

NO. DEP.

NO. DEP.

NO. DEP.

NO.

DEP.

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TOTAL NO.

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